

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728556

1. Entity Name

KING COLE CONDOMINIUM ASSOCIATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90004 002 ****61.25

Principal Place of Business

900 BAY DRIVE
MIAMI BEACH FL 33141

Mailing Address

900 BAY DRIVE
MIAMI BEACH FL 33141-5623

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1905933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

% HYMAN & KAPLAN
44 W. FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130

STEVEN A. FEIN,
900 S.W. 40th Ave.
Plantation, FL 33317

7. Name and Address of New Registered Agent

Name: ROBERTS MANAGEMENT & PARTNERS CO., INC.
Street Address (P.O. Box Number is Not Acceptable): 1840 NE 153 STREET
City: NORTH MIAMI BEACH FL Zip Code: 33162-6044

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SLAVIN, BONITA H	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COHEN, JACK	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOVER, JIM	
STREET ADDRESS	900 BAY DRIVE #LA04	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RESNICK, DR A	
STREET ADDRESS	900 BAY DRIVE #1017	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	AROCHA, ROLAND	
STREET ADDRESS	900 BAY DRIVE, #527	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, PAUL	
STREET ADDRESS	400 BAY DRIVE #PH05	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER GRECO	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY ROSEN	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK SAVAT	
STREET ADDRESS	900 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONITA SLAVIN

PRESIDENT

5/1/00

(305) 866-1644

Date

Daytime Phone #

CR2E037 (9/99)